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23 **IN THE COURT OF APPEALS**
24 **STATE OF ARIZONA**
25 **DIVISION TWO**

26 JEREMY AND KIMBERLY HARRIS,

No. 2CA-SA 2019-0051

27 Plaintiffs/Cross-Petitioners

Pima County Superior Court
No. C20174589

28 v.

RICHARD E. GORDON, JUDGE OF THE
SUPERIOR COURT OF ARIZONA, PIMA
COUNTY,

Respondent Judge,

**HARRIS REPLY IN
SUPPORT OF CROSS
PETITION FOR SPECIAL
ACTION**

1
2 v.

3 BANNER UNIVERSITY MEDICAL
4 CENTER TUCSON CAMPUS, LLC, an
5 Arizona Corporation dba BANNER
6 UNIVERSITY MEDICAL CENTER
7 TUCSON; GEETHA GOPALAKRISHNAN,
8 MD; MARIE L. OLSON, MD; EMILY
9 NICOLE LAWSON, DO; DEMITRIO J.
10 CAMARENA, MD; PRAKASH JOEL
11 MATHEW, MD; JASON THOMAS
ANDERSON, MD; SARAH MOHAMED
DESOKY, MD; BANNER HEALTH;
BANNER UNIVERSITY MEDICAL
GROUP,

12 Defendants/Real Parties in Interest
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16 The respondents do not deny the following crucial facts: the state (the
17 University of Arizona) made a business deal with a private corporation (Banner)
18 designed to relieve the University of 100% of responsibility and 100% of any
19 liability risk of providing clinical medical care at the newly named “Banner-
20 University Medical Center Tucson,” also a private corporation. Banner does not
21 dispute that the negligent physicians in this case were dual employees of the
22 University and Banner. Banner does not dispute that while providing clinical care,
23 they were under 100% control of Banner. Banner does not dispute that the University
24 had no say in any way about how the care was delivered. Banner does not dispute
25 the obvious conclusion that the *only* reason this private corporation would assume
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1 100% of the liability risk was because they controlled every aspect of clinical care
2 *to the exclusion* of the University. Banner does not dispute that the state has
3 absolutely no financial risk from this case. Nevertheless, despite the private
4 corporation (Banner) being solely responsible for all liability for negligence in this
5 case and the state having absolutely zero responsibility, Banner-retained attorneys
6 argue that because their physicians also had dual employment as faculty at the
7 University, Banner may take advantage of the Notice of Claim and shortened statute
8 of limitations that the legislature enacted to regulate *liability of the state*. Banner
9 relies on cases that, unlike this case, do not concern dual employment and cases in
10 which the government actually had liability risk.

14 The two central reasons for seeking reversal of the trial court's dismissal of
15 the faculty physicians raise issues of first impression and of state-wide importance
16 in Arizona. First, do A.R.S. §§12-821 and 821.1 apply when the tortious acts are
17 committed solely within the course and scope of non-government employment in a
18 dual employment situation? Second, do A.R.S. §§12-821 and 821.1 apply when the
19 government has no financial exposure? The application of these two statutes to
20 physicians at Banner University Medical Center-Tucson affects every potential
21 cause of action arising from care at B-UMCT-T. Patients with potential cases need
22 to know as soon as possible whether they face dramatically shortened deadlines,
23 which justifies special action jurisdiction. In addition, in this case, if this Court
24 reverses the trial judge's finding that Banner must still face vicarious liability for the

1 dismissed physicians and does NOT review whether their dismissal was correct, then
2 this case will proceed to a truncated trial against just Dr. Hoehner and hospital
3 employees. Perhaps those defendants will allege non-party fault against the
4 dismissed physicians. This will be an enormous waste of time and money if the
5 Harris family is correct that the doctors were erroneously dismissed. Special action
6 jurisdiction is justified to avoid such a waste.
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9 The entire foundation of the doctors' support of the trial court's summary
10 judgment rests on only two cases, each claimed to be dispositive of one of our two
11 assertions of error. These are *Villasenor v. Evans*, 241Ariz.300, 386P.3d1273
12 (App.2016), for respondents' proposition that even "incidental" government action
13 in the course of a tort requires the application of A.R.S. §§12-821 and 821.01,
14 regardless of overwhelming evidence that the tortious acts were under the complete
15 control of a non-governmental corporation and *Swenson v. County of Pinal*,
16 243Ariz.122, 402P.3d1007 (App.2017) for their proposition that "it doesn't matter
17 if the government entity has no financial exposure, §§12-821 and 821.01 nonetheless
18 apply." Absent arguments based on these two cases, respondents present no
19 reasoning of substance against Cross-Petitioners' two assertions of error.
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24 Neither case applies on our facts.

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1 **I. THE FACULTY PHYSICIAN/DEFENDANTS WERE ACTING**
2 **WITHIN THE SCOPE OF THEIR BANNER HEALTH**
3 **EMPLOYMENT/AGENCY, WHEN THEY COMMITTED FATAL**
4 **MALPRACTICE, SO THE STATUTES AT ISSUE DO NOT APPLY. THE**
5 **UNIVERSITY’S JURISDICTION WAS LIMITED TO TEACHING AND**
6 **RESEARCH.**

7 A. Banner Health Exerted Such Plenary Control Over The Rendition Of
8 Clinical Care As To Meet All Criteria For Exclusive Employment For
9 That Care. The University Did Not Exercise Any Such Control.

10 The history and purpose of these two statutes was examined in *McCloud v.*
11 *State, Ariz. Dept. of Pub. Safety*, 217Ariz.82,90-91,¶ 22, 170P.3d691,699-700 (App.
12 2007), a case in which, according to this Court, a DPS officer, driving his DPS car
13 while looking for a restaurant, was *not* acting as a state employee. The Court noted,
14 “Then, as now, a ‘public employee’ includes an ‘officer, director, employee or
15 servant, whether or not compensated or part time, *who is authorized to perform any*
16 *act or service,*’ § 12–820(1), of any “public entity,” § 12–820(5).” 21Ariz.at 90,¶23,
17 170P.3dat 699.

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19 The Banner defendants had the burden of proving that they were entitled to
20 the benefits of A.R.S. §§12-821 and 12-821.01. *Dube v. Desai*, 218Ariz.362,366,
21 ¶12, 186P.3d587, 591 (App. 2008). They failed to carry this burden because as the
22 facts have shown, the University had absolutely no authority over any act or service
23 of physicians rendering clinical care.
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26 The whole point of this massive transaction was to privatize clinical care into
27 the hands of a non-governmental corporation that was already in the business of
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1 running hospitals. As the Affiliation Agreement stated up front:

2 The Parties hereby agree that the Parties' Objectives are best achieved
3 through the adoption and implementation of a consistent provider
4 employment model for Banner Academics and single, comprehensive
5 staffing model for the Medical Center - Tucson Campus, the Medical
6 Center - South Campus, and BGSMC, as described in this Article 4.

7 (APPV1 334)¹ Therefore, the parties further agreed, in Article 4, “Physician
8 Staffing Model and Transition,”

9 4.1 Physician Employment. B-UMG shall serve as the exclusive faculty
10 practice plan for both Medical Schools. Specifically, the Parties shall
11 cause all faculty physicians *employed by BH or an Affiliate of BH or by*
12 *the University to provide their clinical services exclusively through B-*
UMG, except as otherwise provided herein. (Emphasis added.)

13 (334) It is important to note that as a part of Banner’s acquisition, physicians were
14 employed by the University *only* to ensure prior pension rights, permit continued
15 tenure at the University and to comply with pre-existing contracts regarding “titles
16 of personnel.” The reason for designating physicians as University employees “had
17 nothing to do with their clinical responsibilities,” as the post-acquisition President
18 of Banner, Kathy Bollinger, explained. (716-718) The agreement also made clear
19 that if a physician was terminated from B-UMG, they could continue their
20 employment with the University “non-clinically,” according to Bollinger. (714)

21 This question of scope of employment requires application of basic questions
22 of agency, *McCloud*, 217Ariz.at 91, ¶30, 170P.3d at 700. Cases that do not involve
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¹ All citations to the record are to Cross-Petitioners’ Appendix 6 and the “APPV1” page numbers, unless otherwise indicated.

1 dual employment do not deal with the careful factual determination of *which of two*
2 *employers* was in control of the harmful actions at issue. Here, over and over again
3 the acquisition documents and testimony of the former Banner CEO make clear that
4 only B-UMG had the right to control clinical care.

6 In the seminal case, *Santiago v. Phoenix Newspapers, Inc.*, 164Ariz.505,509,
7 794P.2d138(1990), the Arizona Supreme Court identified eight elements that
8 indicate agency. Under the *Santiago* criteria, the facts below showed Banner
9 employment only, and no University employment, as to the rendition of clinical care.
10 These facts are further proof that the whole point of the University's transaction with
11 Banner was to relieve the University from delivering out clinical care and place that
12 responsibility solely with Banner. The words "alone," "solely" or "only" below
13 signify "without participation or input by the University." The facts cited by
14 respondents only show dual employment. Respondents' facts do not delve further to
15 show scope of employment or authority to act in the delivery of clinical care.

19 When the Cross-Petitioners' son Connor was admitted to Banner University
20 Medical Center, he was admitted only by Banner.(810-11) Though his was an
21 emergency admission, Banner did not accept him until his parents signed the
22 Conditions of Admission and the Financial Agreements, documents authored solely
23 by Banner.(810-11) The contractual arrangement for rendition of medical care and
24 payment in return was between Banner and the Harris family alone.(810-11) Banner
25 alone billed for services rendered by the physicians, did the collections on those bills,
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1 and alone owned all monies collected in payment for the physicians' work.(684-5,
2 678-82, 966-67) The physicians, nurses, technicians who evaluated and treated
3 Connor Harris were chosen for the family by Banner alone.
4

5 Once Connor was admitted, the provisions of the Affiliation Agreements
6 between Banner and the University kicked in. Banner Health assumed *all* liability
7 for conduct by the dismissed physicians while seeing patients at B-UMCT, but *only*
8 for the rendering of clinical care, leaving teaching and research under the jurisdiction
9 of the University.(734-35,318-19,557) Banner's CEO, alone and without
10 meaningful chance of being overruled, determined, for each physician, if he or she
11 was permitted to work at B-UMCT; how many hours he or she could work at B-
12 UMCT; what specific shifts the doctor was to work; which patients the doctor could
13 and which he could not care for.(331-333,727-28,554-55) Banner alone supplied the
14 facility for clinical care, B-UMCT (726-27,313); all the instruments needed for
15 rendering clinical care (727); all the ancillary equipment (x-ray machines, operating
16 rooms, clinical laboratories, among others)(727-28) and all the ancillary personnel
17 used by doctors in rendering clinical care (nurses, operating room techs, x-ray techs,
18 lab techs)(728). If the CEO of B-UMG determined that a doctor was not qualified to
19 render clinical care, acting alone he could take that doctor off the wards, require him
20 to go to rehab, and determine when *he* felt the doctor could return to work.(331-
21 333,554-5,803-05) Through the residents' and fellows' manual, in the section
22 labelled "Banner University Medical Group (B-UMG) Policies"(778-787,565-589)
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1 the doctors were instructed in *Banner's* requirements (in which the University had
2 no say) about even how to write notes in the medical record, about the timing of
3 medical records, how physicians were permitted to talk with patients and colleagues,
4 when physicians might expect random drug and breath testing, what constituted
5 Banner's definition of harassment, how Banner provided counseling services, what
6 HIV screening and which twelve educational meetings were mandatory (a nest of
7 rules taking up nine single-spaced pages), violation of which, determined at the sole
8 discretion of the B-UMG CEO, subjected the physician to summary dismissal from
9 B-UMCT. This oversight could not be avoided: membership in B-UMG and being
10 subject to the plenary discipline and regulation of the B-UMG CEO was required for
11 faculty appointment.(684-5,678-81)

12 Any physician dispute at B-UMCT, including those between faculty
13 physicians, was to be finally resolved only by the CEO of B-UMG. (684-5;678-82)
14 The CEO further had the right to impose productivity standards on faculty for their
15 clinical work at B-UMCT, with sole discretion to pay faculty members, even those
16 of identical rank, different salaries depending on the CEO's determination of their
17 output. (565, 331-333) Banner's CEO not only could exclude any specific physician
18 from working at B-UMCT, but Banner Health has the right to terminate residency
19 programs at B-UMCT altogether as of March 1, 2020.(732-33)

20 Further erasing any doubts about who "owned" the practices of the physicians
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1 working at B-UMCT, when Banner floated a \$94.1 million bond issue, the
2 prospectus stated that as of February, 2015 “we have acquired the practices” of the
3 faculty physicians working at B-UMCT, effectively using their practices as
4 collateral for the loan.(820)

6 Decisions by the CEO of B-UMG were technically reviewable or even
7 reversible by an “Academic Medical Council” comprised of representatives of both
8 Banner Health and the University. However, overruling any decision by the CEO of
9 B-UMG required that *the Banner members of the Council* vote to overrule the
10 *Banner CEO*. No evidence indicates that this has ever happened.(506-07,730-
11 31,331-333)

14 Respondents have presented no evidence of the control of the rendition of
15 medical care by the University to counter this mountain of evidence of Banner
16 control. The only University task as regards regulation of clinical care at B-UMCT
17 documented in the Affiliation Agreements is the University’s obligation to direct
18 Physicians to “meet the clinical and performance standards established by B-UMG”
19 (554), and to “provide excellent clinical care” as their “clinical practice activities are
20 carried on exclusively through B-UMG.”(679,685-6)

24 B. It Is Not Only Conceptually, Legally And Operationally Possible To
25 Distinguish Government Care From Nongovernmental Care In A Single
26 Patient, But The State And Nongovernmental Care Partners, Including B-
UMG, Have Been Doing So For Decades.

27 Defendant cites the trial court’s ruling that there is “no way to separate teach-
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1 ing residents about clinical practice from the clinical practice itself” (App.7,
2 P.2,lines 5-6). First, we respectfully assert that the two are clearly separable and that
3 the separation was *exactly* the point of Banner’s takeover. Teaching of medical
4 trainees occurs in the absence of rendition of clinical care; and clinical care decisions
5 can be rendered by faculty in the absence of any trainee, and by trainees in the
6 absence of faculty.
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9 Second, the distinction between contractually implemented B-UMG
10 jurisdiction over clinical care, and University jurisdiction over “academic” activity
11 is specified both in letters offering employment (678-9) and letters sent by the
12 University to explain post-affiliation division of authority and control.(684-85)
13

14 One logical way of dealing with the question “Are teaching and clinical care
15 conceptually separable for the purposes of selectively ascribing legal liability?” is to
16 ask another question: “Has this distinction in fact been made, without difficulty or
17 dispute, by these very litigants over the years?” If so, the court’s assertion that the
18 distinction is “impossible” is disproven. That is precisely what occurred.
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21 The exhibits to Cross-Petitioners’ statement of facts (APP6) show that this
22 distinction was made and implemented for decades, in the form of a liability-
23 mitigating, combined University-nongovernmental liability-and-cost-allocation
24 agreement and corporate structure set up by ABOR and the University, through
25 which any single act of rendering clinical care by a single faculty attending was
26 defined as “within the scope of University employment” for its teaching component,
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1 but “within the scope of employment by the outside, nongovernmental entity (first
2 UPI/UPH, later B-UMG) for the clinical care given.(977, 684-85, 678-82, 826-29,
3 572-651)
4

5 Since 1996, ABOR and the University of Arizona College of Medicine
6 required, as a condition of faculty appointment, membership in a non-governmental
7 outside corporation, UPI/UPH and its successors. The nature and purpose of these
8 “outside-the-University” corporations are revealed in the trial court holding in the
9 Pima County case of *Alsobrooks v. Anton*. (826-29) This is not cited as precedent,
10 but to show the undisputed factual nature of the relationship between the government
11 entity and the nongovernmental entity, demonstrating the ease with which the two
12 entities classified a single type of act, “treating patients in the presence of trainees,”
13 *not* as something “impossible to dissect as regards scope of employment” but quite
14 the opposite: as something easily and cleanly divided by function, action, and
15 purpose. The faculty employment offer cited in the *Alsobrooks* denial of summary
16 judgment (sought on the same grounds invoked by Respondents here) stated the
17 following:
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22 “If you are providing clinical care to patients, you also will have
23 concurrent membership and employment with UPI, our clinical practice
24 organization. *You will be an employee of the Arizona Board of Regents*
25 *in your teaching, service and research capacities, and an employee of*
26 *UPI for the delivery of health care....*” (Emphasis added).(827)

27 The Alsobrooks opinion also noted:
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1 The agreement between UMC and UPH provides that clinical services
2 are essential to the curriculum of the College of Medicine and to ensure
3 clinical staffing by physicians who are both employees of the Board in
4 their teaching and research capacities and employees of UPH in their
5 delivery of health care, and they are employees of the Board *only* in
6 their teaching and research activities. (Emphasis added.)(828)

6 This nongovernmental corporation, UPI/UPH, which according to the University
7 “became B-UMG” upon affiliation, like B-UMG bought malpractice insurance for
8 claims regarding clinical care (and only clinical care), did the billings and collections
9 for physician care rendered; then sent that money to the University so that the
10 paychecks could bear the University logo, even though the payment explicitly for
11 patient care rendered, was solely for acts within the scope of UPI employment.
12

13 This discrete, explicit separation of teaching from rendition of clinical care in
14 determining which employer was legally responsible for misconduct continued
15 through multiple later documents as well. Banner’s exclusive responsibility for
16 liability for clinical care rendered, and *only* for clinical care rendered, with explicit
17 exclusion of responsibility for teaching, is set out in Cross-Petitioners’ summary
18 judgment exhibits (684-5,678-82,655,657-674, and all of SOF Ex. 7 and 8, the
19 Affiliation Agreements): letters sent to faculty defendants describing the terms of
20 the Banner takeover; letters offering terms of employment after the takeover (678-
21 82,684-5); the several affiliation agreements themselves detailing the plenary
22 Banner control over the rendition of medical care at B-UMCT leaving teaching and
23 research to the University; Banner’s blanket malpractice policy *only* for clinical
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1 care; the Purchase of Services Agreement by which Banner hired the physician
2 defendants and paid hourly wages for their work; and defendants' responses to
3 RFAs.
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5 The trial court questioned whether the distinctions between employment for
6 teaching and employment for giving clinical care set forth in *Alsobrooks* were still
7 in effect in 2015. Respondents cited as dispositive one sentence in a Terms of
8 Employment letter regarding Affiliation to claim an alteration in that relationship,
9 the cited phrase stating, "The University will be your sole employer as to both your
10 clinical practice and your academic activities." (App7, Ex. J, p.2) However, that
11 letter and others to faculty physicians (684-5) also states "You will continue to carry
12 on your clinical practices exclusively through UPH (which will then be known as B-
13 UMG) but will do so as an employee of the University;" that "You will adhere to B-
14 UMG's bylaws, policies, performance standards and procedures;" that "you will
15 report....with respect to your clinical practice activities ultimately to the CEO of B-
16 UMG;" and, by contrast, that "The terms and conditions associated with your
17 *academic* (teaching and research) activities will continue to be governed by your
18 prior University Offer letter."
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24 The Supreme Court, in *Santiago*, is clear: it is the *actuality* of control, not
25 what the parties state in documents or even believe, that controls the determination
26 of employment. *Beeck v. Tucson Gen. Hosp.*, 18Ariz.App.165,171,
27 500P.2d1153,1159(1972), review denied ("unless the radiologist were actually an
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1 independent contractor the clause reciting him to be so is of no effect”), *citing*
2 6A.L.R.3d704(1966), as supplemented (1971). The Terms of Employment letters
3 confirm the continuing explicit separation of authority to control clinical practice
4 activities, which belongs to B-UMG, from authority to control academic activities
5 (teaching and research), which belongs to the University, even within the single act
6 of rendering care in the presence of a trainee. The trial court, as ABOR has done for
7 decades, should have been able to make this distinction, which places the negligent
8 acts at issue in this case within the course and scope of Banner employment.
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12 C. Villasenor v. Evans, the Sole Case Cited by Respondents, is Inapplicable
13 to the Facts of Our Case.

14 Respondents’ solitary case-based argument depends solely on *Villasenor v.*
15 *Evans*, 241Ariz.300, 366 P3d1273 (App.2016). Respondents urge the Court to focus
16 exclusively on that Court’s assertion that Evans’ work, being “at a minimum
17 incidental to her work as a Councilmember and Vice Mayor” required application
18 of the subject statutes to our case. Respondents want this Court to “universalize” that
19 holding so as to apply it where the issue is “under the control of which of two dual
20 employers was the tortious performed” as it is in our case, rather than “was the
21 tortious act personal or governmental” as it was in *Villasenor*.
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24 The facts of the two cases differed massively. In *Villasenor*, no evidence was
25 admitted that concurrent membership in a neighborhood home-owners association
26 was in any manner related to the conduct of Evans at issue in the case. The central
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1 and dispositive *Villasenor* finding is the heading of section II: “VILLASENOR
2 FAILED TO CREATE A GENUINE ISSUE OF MATERIAL FACT REGARDING
3 WHETHER EVANS ACTED WITHIN THE SCOPE OF HER PUBLIC
4 EMPLOYMENT.” (Id, ¶15) The holding was based on an intensely evidence-based
5 analysis of two factual issues: 1) how Evans’ actions were congruent with her
6 established governmental duties, and 2) how those actions were *not* consistent with
7 any *proven* obligations to the home-owners association. Villasenor never asserted
8 evidence of “second employer” control. 241Ariz. at 303, ¶16, 386P.3d at 1276.
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11 We submit that the *Villasenor* court, using the same fact-intensive analysis on
12 *our* facts would likely not have brought the concept of “incidental” government
13 action into play, and that the *Villasenor* holding itself is appropriate only on its own
14 specific facts, for four reasons. First, the factual context of *Villasenor* is absent in
15 our case. The citing of “incidental” government involvement in *Villasenor* came
16 about not because there was a dispute about which of two employers controlled the
17 defendant’s tortious actions, but because there was an issue of whether the
18 defendant’s actions could be called governmental at all, within the meaning of §§12-
19 821 and 921.01.
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24 Second, evidence in our case of an overweening, controlling, second, non-
25 governmental employer, Banner, and therefore that the rendition of clinical care
26 resulting in Connor Harris’ death fell clearly within the ambit of Banner control,
27 would have been dispositive.
28

1 Third, as the University did for twenty years, and as Banner and the University
2 did in their Letters and Affiliation Agreements, the Court would have been required
3 to distinguish employment by the University for teaching and research from
4 employment by the nongovernmental corporation, now B-UMG, for rendition of
5 clinical care.
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8 Fourth, the *Villasenor* Court reasonably felt that Villasenor's argument that
9 the City did not pay for Evans' defense was sufficiently material in determining
10 under whose employment Evans' tortious acts fell that he gave it specific mention
11 in the opinion. That argument failed only when Evans produced evidence that the
12 City *had* paid for her defense (Id.¶5-6). In our case, by contrast, the cost of defense
13 has been borne by Banner alone, with no government contribution.
14

15
16 *Villesenor* is distinguishable because there was no evidence of dual
17 employment and because there was no question that the government entity had
18 financial risk. This apparently justified stretching the definition of "public
19 employee" to actions that were just "incidental." That acts are "incidental" to
20 employment would never justify finding a principle/agent relationship, where no
21 right of control, etc. is shown. "Incidental" should not be the determining standard
22 in a case like this, where there is no government exposure. The situation is like that
23 in *Young v. Environmental Air Products et al.*, 136Ariz.158, 665P.2d40 (1983), in
24 which the Arizona Supreme Court approved of different ways of determining
25 "employment" depending on the circumstances of the case.
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1 We agree with the court of appeals that the legislative objectives are
2 furthered if the statute [defining “statutory employer”] is liberally
3 interpreted when imposing liability for payment of compensation
4 benefits...and strictly interpreted when loss of the worker's common
5 law rights is the object for which the statute is invoked....(Citations
omitted.)

6 Young 136Ariz. at 163, 665P.2d45 (1983). Similarly, here, the determination of
7 “public employee” should not turn on whether the act was “incidental” when there
8 is no government exposure and no government authority over the acts.
9

10 Ultimately, the appellate decision on this issue, where the statutes on their
11 face do not address our facts, turns on interpretation of legislative intent. *Villasenor*,
12 241Ariz. at 303, ¶14, 386P.3d at1276. Government interests were balanced against
13 the interests of injured citizens in the promulgation of §§821 and 821.01. Torts
14 issuing from acts and omissions during the execution of the tasks of government
15 employment trigger the statutes. Torts issuing from acts and omissions during the
16 execution of nongovernment employment do not. Applying the *Villasenor* citation
17 to “incidental” government employment universally, particularly where there is dual
18 employment and evidence that the causative component of the tortious act was under
19 non-governmental control, creates new law.
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23 This Court must decide whether the intent of the legislature was so to limit
24 the rights of harmed families that their ability to seek compensation is restricted even
25 when the acts or omissions related to government “employment,” in this case
26 teaching, is causally unrelated in any plausible manner to the harm that occurred in
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1 the course of rendering of clinical care, which was fully under the control and
2 supervision only by Banner.

3
4 **II. A.R.S. §§12-821 AND 12-821.01 DO NOT APPLY WHERE NO**
5 **GOVERNMENTAL FINANCIAL EXPOSURE EXISTS.**

6 **A. Applying These Statutes In The Absence Of Government Financial**
7 **Exposure Is Unjustified By Their Legislative Intent, And Would**
8 **Permit Limited, Purpose-Driven Statutes To Be Used By Selective**
9 **Private Corporations For Purposes Unintended By The Legislature,**
10 **Giving Those Corporations Unfair Economic Advantages.**

11 Respondents do not challenge the basic premise that a statute must be
12 interpreted and applied to carry out the legislative intent on which it is based.
13 *McCloud v. State, Ariz. Dept. of Pub. Safety*, 217Ariz.82,90,¶ 22, 170P.3d691, 699
14 (App. 2007)(“[T]o interpret § 12–821 to apply to claims against a public employee
15 who was not acting in the scope of his or her employment at the time of the
16 actionable event would be contrary to the legislature's intent and inconsistent with
17 the interpretation of related statutes”). This is the standard by which the appellate
18 court must determine if there was reversible error by the trial court. The central
19 question is whether or not application of the statutes at issue implemented or went
20 materially beyond legislative intent, thereby creating new law where that privilege
21 belongs to the legislature.
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24 Respondents also do not dispute, as set out in the three Arizona Supreme Court
25 and twelve Arizona Appellate cases (see Cross Petition, pp. 12-13), that the
26 legislative intent of A.R.S. §§12-821 and 12-821.01 is, purely and entirely, to protect
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1 the financial interests of the State, specifically to allow an early evaluation of
2 liability and the possibility of settlement, so as to permit the State to budget for and
3 cover potential State liability.
4

5 There is no factual basis for an argument that the physician defendants in this
6 case, “the government” for the purpose of analyzing this issue, had *any* actual or
7 potential financial liability to evaluate, settle or budget for. The evidence set forth
8 initially in plaintiffs’ summary judgment papers establish that beginning July 1,
9 2015, almost four months *before* Connor Harris’ treatment and death at B-UMCT,
10 actual or potential liability accruing to any governmental entity for malpractice
11 related to clinical care rendered by faculty physicians at B-UMCT, including these
12 physician defendants, was *permanently extinguished*. Respondents admitted this in
13 a Request for Admissions. (655, 657-674, 291-294, 318-19, 557)
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17 The financial benefit from application of these statutes would accrue *only* to
18 Banner Health, a self-insured, non-governmental entity. As Respondents stated, “No
19 one is arguing that the Tort Claims Act should apply to private corporations like
20 Banner Health.” (Response to Cross Petition p.16, ll.13-14). Yet, that’s exactly what
21 they’re trying to accomplish.
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24 Rather, the Arizona Legislature determined that the appropriate balance
25 between permitting plaintiffs sufficient time to become aware of harm from medical
26 malpractice and to take action on that awareness, on the one hand, and the health
27 care providers’ rights to “peace and final resolution of potential liability” on the
28

1 other, was a two-year statute of limitations. Part of the reasoning for allowing two
2 years for filing was the understanding that in the face of serious harm, individuals of
3 ordinary intelligence and alertness might not be able to come to grips with tragedy
4 in a timely enough fashion sufficiently even to question how the tragedy came about,
5 much less to understand that medical malpractice was the cause, and to be able to
6 get sufficient information to find legal representation in a lesser period of time.
7

8 A.R.S. §§12-821 and 12-821.01 are *limited* exceptions to this balance of rights, by
9 which the right of patients harmed by malpractice to seek fair compensation was
10 materially diminished for a specific “greater good”: the need for government to
11 soundly manage its finances.
12

13 The application of 180-day claim and one-year filing requirements to Banner-
14 employed and Banner-insured physicians would award Banner Health an economic
15 and legal advantage and a material diminution of accountability for tortious conduct
16 that no other private actors have. Moreover, expanding the protections given to
17 nongovernmental employers further diminishes the protections given by civil law to
18 injured patients. Such a change should come only from the legislature.
19

20 To overcome the substantial case law and evidentiary support for Cross-
21 Petitioners’ arguments. Respondents would have had to proffer conflicting case law,
22 showing the legal basis for permitting the trial court to disregard and go beyond
23 established legislative intent, i.e. to apply §§821 and 821.01 even where there was
24 zero financial exposure for the government. Respondents’ response on this point is
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1 limited to a single paragraph and a single case citation, *Swenson v. County of Pinal*,
2 243Ariz.122, 402P.3d1007 (App.2017), asserting that Cross-Petitioners’ argument
3 that the statutes do not apply in the absence of government financial exposure was
4 “soundly rejected in *Swenson*.” (p. 15 line 9-16 line 1). Not so.

5
6 **B. The *Swenson* Case Fails To Address The Principle That Statutes Must**
7 **Be Applied So As To Carry Out Legislative Intent. Further, Since Its**
8 **Facts Do Not Include “Absence Of Any Government Financial**
9 **Exposure,” The Issue Respondents Posit That This Case “Soundly**
10 **Rejected ” Is Never Even Addressed.**

11 *Swenson* did not address the applicability of §§12-821 and 821.01 in the
12 absence of government exposure, because in that case, there *was* government
13 exposure, dealt with by the government through the purchase of insurance. In
14 *Swenson* the plaintiff claimed that since the government covered its potential
15 liability by purchasing insurance, it no longer had to “budget,” so the statutes at issue
16 did not apply. 243Ariz.at124,¶3, 402P.3d at1009. The court recognized that
17 insurance was just one of several ways of government dealing with its own liability
18 and therefore, the statutes applied. *Id.* at¶15. What happens absent financial exposure
19 was never discussed.

20
21
22 Cross-Petitioners’ position is that court rulings should implement a statute’s
23 legislative intent and *only* legislative intent. Anything further should be left to the
24 legislature. If the government has to pay for the evaluation, settlement, budgeting
25 for, and/or defense of a case against itself or its employee, that case falls within the
26 legislative intent of §§821 and 821.01 and they apply. If none of the stated purposes
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1 of these statutes is advanced by application of the statutes, because there is no
2 government liability to deal with, then application of the statutes is foreign to and
3 inconsistent with legislative intent, brings about a massive extension of §§821 and
4 821.01 immunity so as to benefit selected private, nongovernmental corporations at
5 the expense of patient rights and in that circumstance, the statutes should not apply.
6
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8 **III. GIVEN THE SHARP DISPARITY IN FACTS ASSERTED BY THE**
9 **TWO SIDES, THE AGENCY/EMPLOYMENT ISSUES ARE OBLIGATORY**
10 **JURY ISSUES.**

11 The Court may determine agency issues if and only if the parties agree on all
12 the operative facts. (*Ruesga v. Kindred Nursing Centers, LLC*, 215Ariz.589,
13 ¶21,161P.3d1253 (App.2008). Regarding whose scope of employment the defendant
14 physicians were acting within when providing care to Connor Harris, the defendants
15 have offered no evidence that shows, in any way, that the University had any right
16 to control the defendant physicians' actions in the rendition of clinical care, while
17 the plaintiffs have provided ample evidence that the "Affiliation" was intentionally
18 structured to give the non-government entity, Banner, absolute control over the
19 physicians when they were providing clinical care. As we have stated, why else
20 would Banner accept 100% liability risk? The trial court erred in denying petitioners'
21 motion for summary judgment. At a minimum, petitioners presented a jury question
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1 over whose scope of employment applied to the defendant physicians, and summary
2 judgment was inappropriate and should be reversed.
3

4 RESPECTFULLY SUBMITTED this 10th day of January, 2020.

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6 By: /s/ JoJene Mills
7

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CERTIFICATE OF COMPLIANCE

The undersigned certifies that the attached Reply uses type of at least 14 points, is double-spaced, and contains 5,239 words. The Reply does not exceed the 5,250 word limit set by Rule 7(e), R.P.S.A.

/s/ JoJene Mills

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_____/s/ JoJene Mills